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# Neurotechnologies for Human Cognitive Augmentation: Current State of the Art and Future Prospects

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## 2 ABSTRACT

3 Recent advances in neuroscience have paved the way to innovative applications that cognitively  
4 augment and enhance humans in a variety of contexts. This paper aims at providing a snapshot  
5 of the current state of the art and a motivated forecast of the most likely developments in the next  
6 two decades.

7 Firstly, we survey the main neuroscience technologies for both observing and influencing brain  
8 activity, which are necessary ingredients for human cognitive augmentation. We also compare  
9 and contrast such technologies, as their individual characteristics (e.g., spatio-temporal resolution,  
10 invasiveness, portability, energy requirements and cost) influence their current and future role in  
11 human cognitive augmentation.

12 Secondly, we chart the state of the art on neurotechnologies for human cognitive augmentation,  
13 keeping an eye both on the applications that already exist and those that are emerging or are  
14 likely to emerge in the next two decades. Particularly, we consider applications in the areas of  
15 communication, cognitive enhancement, memory, attention monitoring/enhancement, situation  
16 awareness and complex problem solving, and we look at what fraction of the population might  
17 benefit from such technologies and at the demands they impose in terms of user training.

18 Thirdly, we briefly review the ethical issues associated with current neuroscience technologies.  
19 These are important because they may differentially influence both present and future research  
20 on (and adoption of) neurotechnologies for human cognitive augmentation: an inferior technology  
21 with no significant ethical issues may thrive while a superior technology causing widespread  
22 ethical concerns may end up being outlawed.

23 Finally, based on the lessons learned in our analysis, using past trends and considering other  
24 related forecasts, we attempt to forecast the most likely future developments of neuroscience  
25 technology for human cognitive augmentation and provide informed recommendations for  
26 promising future research and exploitation avenues.

27 **Keywords:** neuroscience, cognitive augmentation, brain-computer interfaces, decision-making, neuroergonomics

## 1 INTRODUCTION

28 *Human enhancement* refers to a very broad range of techniques and approaches aimed at augmenting  
29 body or cognitive functions, through performance-enhancing drugs, prosthetics, medical implants, human-  
30 computer teaming, etc., that result in improved characteristics and capabilities, sometimes beyond the  
31 existing human range (Moore, 2008).

32 For two decades many alternative definitions of human enhancement have been proposed and  
33 discussed (Parens, 1998; Bostrom, 2005; Agar, 2008; Bostrom and Roache, 2008; Moore, 2008; Savulescu  
34 and Bostrom, 2009; Cabrera, 2017), a particular bone of contention being the question of whether an  
35 intervention that simply attempts to restore function lost due to illness, injury or disability could still be  
36 identified as enhancement.

37 In this paper, we will focus on a subset of means for human augmentation — *neuroscience technologies* —  
38 and only on one particular area — *human cognitive enhancement*. Our aim here is providing a snapshot of  
39 the current state of the art of neuroscience technologies for human cognitive enhancement and a motivated  
40 forecast of their most likely developments in the next two decades. Here, by *cognitive enhancement* we mean  
41 the improvement of the processes of acquiring/generating knowledge and understanding the world around  
42 us. Such processes encompass attention, the formation of knowledge, memory, judgement and evaluation,  
43 reasoning and computation, problem solving and decision making, as well as the comprehension and  
44 production of language. For these reasons, unlike previous efforts, here we choose to review applications  
45 of these technologies by the cognitive function they augment (more on this below). Readers interested in  
46 more details on recent techniques in brain function augmentation and futuristic applications are encouraged  
47 consult the comprehensive three-volume, 148-article special issue/research topic edited by Lebedev et al.  
48 (2018).

49 The rest of the paper is organised as follows. In Section 2, we survey the main neuroscience technologies  
50 for both observing and influencing brain activity, which are necessary ingredients for human cognitive  
51 augmentation. We also compare and contrast such technologies, as their individual characteristics (e.g.,  
52 spatio-temporal resolution, invasiveness, portability, energy requirements and cost) influence their current  
53 and future role in human cognitive augmentation.

54 Section 3 charts the state of the art on neurotechnologies for human cognitive augmentation, keeping  
55 an eye both on the applications that already exist and those that are emerging or are likely to emerge  
56 in the next two decades. Particularly, we consider human enhancement applications in the areas of  
57 communication, cognitive enhancement, memory, decision making, attention monitoring/enhancement,  
58 situation awareness, social interactions and complex problem solving. We cover some of the cognitive  
59 augmentation technology (language in particular) aimed at restoring lost functions in severely disable  
60 individuals, as those technologies may one day develop to the point of augmenting able-bodied and  
61 able-minded people. We also look at what fraction of the population might benefit from such technologies  
62 and at the demands they impose in terms of user training.

63 Because technology always develops hand in hand with society, in Section 4 we briefly review the ethical  
64 issues associated with current neuroscience technologies for human cognitive augmentation. These are  
65 important because they may differentially influence both present and future research on (and adoption of)  
66 neurotechnologies for human cognitive augmentation: an inferior technology with no significant ethical

67 issues may thrive while a superior technology causing widespread ethical concerns may end up being  
68 outlawed.

69 Based on the lessons learnt in our analysis and using past trends as predictors of future ones, in Section 5  
70 we attempt to forecast the most likely future developments of neuroscience technology and provide  
71 informed recommendations for promising future research and exploitation avenues.

## 2 NEUROSCIENCE TECHNOLOGIES FOR RECORDING AND INFLUENCING BRAIN ACTIVITY

72 The development of techniques for recording and stimulating neural activity has produced a revolution  
73 in the ability to understand the cognitive mechanisms related to perception, memory, attention, and the  
74 planning and execution of actions. However, whether or not these techniques can realistically be used for  
75 cognitive augmentation depends not only on how effective they are at detecting interpretable neural activity  
76 and/or stimulating specific target areas of the brain, but also on a number of other relevant factors. Among  
77 these is the degree of invasiveness – i.e., to what extent a technology requires introduction of instruments  
78 into the body – as well as other practical factors, including how portable or expensive technologies are,  
79 which influence their usability in everyday life for human cognitive augmentation.

80 In the following sections we will review these technologies with their pros and cons. For space limitations,  
81 we will not discuss in details the principles of these technologies. However, for each technique we will  
82 indicate to what degree it has helped in relation to human cognitive augmentation, leaving a more extensive  
83 description of the actual applications to Section 3.

### 84 2.1 Technologies for Recording Brain Activity

#### 85 2.1.1 Non-Invasive Recording Technologies

86 The most popular non-invasive technologies for recording neural activity are electroencephalography  
87 (EEG), functional near-infrared spectroscopy (fNIRS), functional magnetic resonance imaging (fMRI) and  
88 magnetoencephalography (MEG).

89 EEG records electrical activity from electrodes placed on the scalp. One of the main advantages of  
90 EEG (Niedermeyer and da Silva, 2005; Luck, 2014) is that it has very good temporal resolution, is  
91 relatively inexpensive (compared to other non-invasive recording technologies) and is portable and practical  
92 to use, an aspect that is very important when considering the usability outside the lab for cognitive  
93 augmentation. However, spatial resolution is generally low.

94 fMRI measures brain activity by detecting changes in the blood flow (hemodynamic response) in the  
95 brain (Logothetis et al., 2001; Buxton, 2009). It has much better spatial resolution than EEG, but temporal  
96 resolution is low. Unfortunately, fMRI needs big and expensive equipment for signal acquisition. For these  
97 reasons, despite few attempts to use it for communication (van der Heiden et al., 2014; Weiskopf et al.,  
98 2004), it is generally unsuitable for human augmentation applications (van Erp et al., 2012).

99 fNIRS, like fMRI, uses hemodynamic responses to assess location and intensity of brain activity (Ferrari  
100 and Quaresima, 2012). Its main advantages are that it is portable (Sagara et al., 2009; McKendrick et al.,  
101 2015a), much cheaper than fMRI, and less susceptible to electrical noise than EEG. These have made  
102 this technology suitable for human cognitive augmentation applications (Naseer and Hong, 2015; Coyle  
103 et al., 2007; McKendrick et al., 2014; Ayaz et al., 2013), especially when paired with brain stimulation

104 technologies, for example, to enhance spatial working memory (McKendrick et al., 2015b). However,  
105 fNIRS has a low spatial and temporal resolutions.

106 Another non-invasive technology is MEG (Hämäläinen et al., 1993; Supek and Aine, 2014), which is  
107 typically used to determine the function of various parts of the brain, localise regions affected by pathology,  
108 and other medical applications. However, similarly to fMRI, MEG is bulky, requires a magnetically-  
109 shielded lab, and is expensive. For these reasons MEG is impractical for human augmentation, although  
110 some applications based on it have been proposed (Mellinger et al., 2007; van Erp et al., 2012; Ahn et al.,  
111 2013).

## 112 2.1.2 Invasive Recording Technologies

113 Invasive technologies use electrodes directly inserted in the brain or placed on its surface. For this reason  
114 they typically allow to obtain recordings less affected by the noise and distortions induced by the scalp  
115 and skull, and with good temporal and spatial resolution. However, implanting electrodes requires brain  
116 surgery, making these techniques expensive, and presenting potential ethical issues (see Section 4). One of  
117 such invasive technologies is electrocorticography (ECoG) (Wyler, 1987), a technology similar to EEG in  
118 that it measures the electrical activity generated by the neurons by means of electrodes, except that – unlike  
119 EEG – electrodes are placed directly on the cortex. Moreover, typically ECoG only measures the neural  
120 activity from a very small portion of the cortex. Nonetheless, human cognitive augmentation applications  
121 based on ECoG exist (Brunner et al., 2011; Krusienski and Shih, 2011).

122 Other invasive recording technologies include arrays of needle-shaped microelectrodes in the  
123 brain (Maynard et al., 1997; Oka et al., 1999). These produce good signals, only marginally affected by  
124 noise and very detailed (i.e., each electrode measures the electrical activity of one or very few neurons).  
125 Examples of invasive electrodes include ceramic-based microelectrodes developed by Gerhardt and  
126 collaborators (Hampson et al., 2003). The electrodes, thanks to their elongated structure and the presence  
127 of multiple pads on their surface, allow high-precision and high-density multi-recordings in deep brain  
128 structures (Hampson et al., 2003; Opris et al., 2015), as well as electrical stimulation (Hampson et al.,  
129 2013, 2018; Berger et al., 2011). A limitation of invasive recording tools is that they typically cover  
130 only very limited regions of the brain, although very recent advances (Qiao et al., 2016; Pesaran et al.,  
131 2018) have started to make it possible to look at much wider areas. Because of the risks associated with  
132 neurosurgery (though see (Waldert, 2016)) and the ethical issues associated with it, most of the research  
133 using microelectrodes has been carried on non-human primates (Carmena et al., 2003; Fitzsimmons et al.,  
134 2009; Borton et al., 2013; Taylor et al., 2002) or rats (Chapin et al., 1999). Only much less frequently  
135 research has been carried out on humans, mostly on individuals with motor disabilities (Kennedy et al.,  
136 2004; Brumberg et al., 2010), and very rarely for cognitive enhancement (Hampson et al., 2018).

## 137 2.2 Brain Stimulation Technologies

### 138 2.2.1 Non-Invasive Stimulation Technologies

139 The most popular non-invasive brain-stimulation technologies are transcranial electrical stimulation (tES),  
140 transcranial magnetic stimulation (TMS), and focused ultrasound (FUS).

141 Stimulating the brain with tES (Nitsche and Paulus, 2000; Moreno-Duarte et al., 2014) involves attaching  
142 electrodes to the scalp to inject a small direct (transcranial Direct-Current Stimulation or tDCS) or  
143 alternating (transcranial Alternating-Current Stimulation or tACS) current (typically 1–2 mA in intensity)  
144 for up to 30 minutes (for safety reasons – see (Parasuraman and McKinley, 2014)). Compared to TMS  
145 (described below), tES has the advantage of being cheaper and more portable (McKendrick et al., 2015a).

146 However, it has the limitation of a poor spatial resolution, although recently higher-definition forms of tES  
147 have been developed (Datta et al., 2009; Edwards et al., 2013) and commercialised. Promising results in  
148 human augmentation have been obtained with tES (e.g., see (Clark and Parasuraman, 2014; Coffman et al.,  
149 2014)), but questions have been raised about its real non-invasiveness (Davis and van Koningsbruggen,  
150 2013), the effects of prolonged use (Wurzman et al., 2016), and the inconsistency in outcome results  
151 across different participants (Krause and Cohen Kadosh, 2014). For example, when applying tES to the  
152 motor cortex, it seems that only a minority of the participants could benefit from the tES in the form  
153 of an increase of motor evoked potentials, suggesting that humans could be divided into “responders”  
154 and “non-responders” to tES (López-Alonso et al., 2014). Such significant variability in effects of tES  
155 across participants (Horvath et al., 2014) seems to be mainly due to a variety of differences between  
156 human brains, including morphological (e.g., head size, tissue thickness) (Datta, 2012) and functional (e.g.,  
157 different optimal excitation/inhibition balance between brain regions) (Krause et al., 2013; Krause and  
158 Cohen Kadosh, 2014).

159 TMS uses intense electric currents flowing inside a coil placed on the participant’s scalp (Pascual-  
160 Leone et al., 1995) to create a magnetic field that induces current flows in the underlying cortical tissue  
161 altering neural firing (Parasuraman and McKinley, 2014). However, all current TMS designs are limited  
162 in many important ways (Epstein, 2014). Firstly, the coils do not allow for very precise focusing of the  
163 electromagnetic wave. This results in a resolution of at least 1 cubic centimetre of brain tissue. Secondly, it  
164 is impossible to stimulate deeper structures without the concurrent stimulation of shallower ones. Finally,  
165 TMS is quite bulky, hence not suitable for mobile applications. Nevertheless, several studies have used  
166 TMS for human cognitive enhancement (e.g., (Hilgetag et al., 2001; Boggio et al., 2009; Chi et al., 2010;  
167 Chi and Snyder, 2012; Manenti et al., 2012)) involving a variety of core information processing systems  
168 in the brain, such as perception, learning and memory – see the review by Balan et al. (2014) using text  
169 mining technology.

170 With stimulation technologies one may question what their temporal resolution is: Is it the maximum  
171 frequency of stimulation or, correspondingly, the minimum period between stimulation pulses? Is it  
172 the temporal precision with which a pulse can be delivered? Is it the time between the beginning of  
173 the stimulation and the corresponding effects on the brain becoming apparent? With TMS all of these  
174 interpretations indicate that the resolution is good. However, for tES the situation is slightly less clear.  
175 While it is true that tES can operate in the kHz range, it is typically believed that the effects of the  
176 stimulation require some exposure before manifesting themselves. However, there is mounting evidence  
177 (e.g., see (Reinhart and Woodman, 2015)) that suggests that tES can influence can provide temporally  
178 precise effects on specific functions. Hereafter, we will primarily refer to the delay with which manifest  
179 effects on the brain are produced when talking about temporal resolution of stimulation technologies.

180 FUS is a novel and still experimental transcranial neurostimulation technology that relies on low-intensity  
181 focused ultrasound pulsations to produce reversible excitation or inhibition on neurons (see (Bystritsky  
182 et al., 2011) for a review). Spatial resolution is potentially good (the target can be as small as  $1 \times 1.5$   
183 millimetres), and also there is no effect on tissues traversed by the beams while converging onto the target  
184 position. However, the safety of the procedure is still being investigated and only recently has human  
185 experimentation begun (e.g., see (Lee et al., 2015)).

186 Finally, we should mention electroconvulsive therapy (ECT) (Abrams, 2002) — the administration of a  
187 brief-pulse current of about 800 mA delivered using electrodes applied to the temporal lobe for medical  
188 purposes. ETC could in principle be considered as a form of cognitive augmentation in that, when used to  
189 treat mental disorders, can also indirectly restore to normal cognitive performance affected by the mental



190 disorder. This might potentially happen, for example, in major depression, where cognitive functioning can  
191 deteriorate during acute phases (Hammar and Ardal, 2009). Also, though one of the well known side effects  
192 of ECT is temporary impairment of cognitive performance, not only the impairments seem to be limited to  
193 a few days after ECT, but there are indications that cognitive performance might improve as compared to  
194 baseline levels (Semkovska and McLoughlin, 2010). However, we are not aware of any attempt to use ECT  
195 for cognitive augmentation applications in healthy participants.

## 196 2.2.2 Invasive Stimulation Technologies

197 Deep brain stimulation (DBS) is an invasive brain-stimulation technology widely used for the treatment  
198 of movement (e.g., in Parkinson's disease) and memory disorders. It requires implanting neuro-stimulators  
199 in specific parts of the brain, which send electrical pulses to interfere with neural activity at the target sites  
200 within the brain. Similarly, implanted electrodes are routinely used in medicine to electrically stimulate  
201 focal areas of the brain for the treatment of incoercible epilepsy.

202 Due to their invasiveness, ethical issues and cost, DBS and implanted electrodes are only used in the  
203 medical sector to improve the patients' quality of life. Therefore, cognitive augmentation research on  
204 humans with invasive technologies has been so far very limited and carried out with individuals who  
205 have implanted devices for other clinical reasons (e.g., Parkinson's disease, epilepsy, etc.). For instance,  
206 DBS has been used for learning enhancement (see Clark and Parasuraman (2014) and Suthana and Fried  
207 (2014) for reviews of its applications). Implanted electrodes have been used in visual prostheses, which  
208 compensate for a visual sensory loss by coupling a camera to the brain via an electrode array implanted  
209 directly on the visual cortex (Dobelle and Mladejovsky, 1974; Dobelle et al., 1979). Recently, intracortical  
210 micro-electrode arrays have started to be used to convey information gathered from one rat's brain to  
211 another (more on this in Section 3.1.4), e.g., see (Pais-Vieira et al., 2013; Deadwyler et al., 2013) and to  
212 improve memory (Hampson et al., 2018) (see also Section 3.3).

## 213 2.3 Comparison of Neuroscience Technologies for Observing and Influencing Brain 214 Activity

215 Figure 1 shows the trade-offs between spatial and temporal resolution, portability and invasiveness of the  
216 different neuroscience technologies for recording brain activity and for brain stimulation reviewed in the  
217 previous sections. Table 1 summarises the main advantages and disadvantages of each technology.

218 As the figure and table indicate, no neuroscience technology for influencing or observing brain activity is  
219 optimum. Each technology presents a unique trade-off in terms of spatial resolution, temporal resolution,  
220 invasiveness, portability (and indirectly cost). In the figure, the ideal technologies in terms of spatio-  
221 temporal resolution are represented by the circle (non-invasive) and square (invasive) symbols in the  
222 upper right corner of the plot. Overall, with the exception of FUS, which is still at an experimental  
223 stage, non-invasive *stimulation* technologies have lower spatial and temporal resolutions than the best  
224 non-invasive brain-activity recording technologies. Also, it can be seen that invasive technologies are  
225 closer to the optimum in terms of spatio-temporal resolution than non-invasive technologies, but their  
226 widespread adoption is hampered by ethical and medical issues associated with their invasiveness, making  
227 them sub-optimal under these other important respects.

228 An aspect that we have not discussed in our analysis is the power requirements for different technologies.  
229 However, as a rule of thumb, wherever we note that a technology requires bulky equipment (red in Figure 1),  
230 one can safely infer that power consumption is high (e.g., for fMRI). Conversely, when a technology is  
231 classed as portable (blue in Figure 1), it is also battery-powered, implying much lower power consumption.

### 3 APPLICATIONS OF NEUROSCIENCE TECHNOLOGIES FOR HUMAN AUGMENTATION

232 This section surveys the main applications of neuroscience technologies for human cognitive augmentation.  
233 Many of these applications fall into two broad disciplines: *Neuroergonomics* and *Brain-Computer Interfaces*  
234 (BCIs). Neuroergonomics examines the neural and cognitive mechanisms underpinning human performance  
235 in everyday tasks and in the work place (Parasuraman, 2003; Parasuraman and Rizzo, 2007) and uses  
236 such knowledge to design systems that allow humans to perform in a safer and more efficient way. BCIs,  
237 instead, have traditionally been more concerned with providing means to compensate for absent or lost  
238 functionality in people with severe motor disabilities (Wolpaw et al., 2002; Birbaumer, 2006), allowing  
239 them, for example, to control devices such as wheelchairs or computer cursors, or to communicate, when  
240 the natural way of communicating is severely lost (Wolpaw et al., 1991; Pfurtscheller et al., 1993; Sellers  
241 et al., 2014; Fabiani et al., 2004; Huang et al., 2009; Allison et al., 2012a; Citi et al., 2008; Millán et al.,  
242 2004; Chapin et al., 1999; Yin et al., 2013; Mason and Birch, 2000).

243 In the light of the choice we made in Section 1 of embracing a wide definition of human cognitive  
244 augmentation that considers augmentation any improvement over the functionality already available in  
245 an individual, it is clear that there is a significant overlap between BCIs and Neuroergonomics. The main  
246 differences really are the type of users being considered and the application domains of interest for such  
247 users. However, even these differences are becoming less and less clear: for instance, neuroergonomics has  
248 been applied to rehabilitation (Meinel et al., 2016; Gramann et al., 2017; Teo et al., 2016) and BCIs have  
249 been employed to improve decision making in able-bodied individuals (Valeriani et al., 2017b; Poli et al.,  
250 2014). Also, as BCI technology continue to develop, BCI spellers and systems for pointer control, that are  
251 nowadays only useful for the severely disabled, might become “competitive” with the devices used today  
252 by able bodied users. Furthermore, new forms of BCI, namely *passive BCIs* (Zander and Kothe, 2011;  
253 Aricò et al., 2017, 2018; Krol et al., 2018), already bridge the gap between neuroergonomics and BCIs by  
254 monitoring spontaneous (i.e., not directly triggered by the BCI itself) brain activity of users performing  
255 everyday activities, and react in ways that facilitate such activities for the users.

256 For these reasons, in the following we will not attempt to distinguish between applications developed by  
257 neuroergonomics community vs those developed in BCI, nor will we exclude applications based on the  
258 size and nature of their user-base. Instead, as already mentioned, we will focus on the cognitive functions  
259 that each application attempts to augment.

260 The principles of systems for augmenting communication, including brain-to-brain, are presented in  
261 Section 3.1. Augmentation technologies for cognitive performance and decision-making are considered  
262 in detail in Section 3.2. Memory enhancement is covered in Section 3.3. Attention enhancement and  
263 monitoring is discussed in Section 3.4. Applications to situation awareness are presented in Section 3.5.  
264 Hyperscanning and its potential future applications are discussed in Section 3.6. Individual differences  
265 in the ability to achieve cognitive augmentation and user selection are explored in Section 3.7. Personnel  
266 training is discussed in Section 3.8. Section 3.9 looks at enhancing the ability to solve complex problems.

#### 267 3.1 Communication

268 BCI systems based on the recording technologies presented in Section 2 have typically been used to  
269 detect specific (intentionally and unintentionally induced) patterns of brain activity, and translate them into  
270 commands for devices or into communication acts (Sellers et al., 2014; Wolpaw et al., 2002; Birbaumer,

271 2006; Wolpaw et al., 1991; Pfurtscheller et al., 1993; Fabiani et al., 2004; Huang et al., 2009; Allison et al.,  
272 2012a; Citi et al., 2008; Millán et al., 2004; Chapin et al., 1999; Yin et al., 2013; Mason and Birch, 2000).

273 In the following sections we review the main operational principles of the most widespread types of BCIs  
274 for communication.

### 275 3.1.1 BCIs based on Event-Related Potentials (ERPs)

276 Within EEG-based BCIs, those based on ERPs, i.e., series of oscillations in the electrical signal recorded  
277 on the scalp in response to suddenly occurring sensory, cognitive or motor events (Luck, 2014), have been  
278 an area of major research activity. In particular, BCI research has focused on the P300 ERP, a large positive  
279 peak occurring between 300 and 600 ms after stimulus presentation that is associated with the detection  
280 and recognition of interesting, rare, deviant or target stimuli (Polich, 2007). The P300 ERP is especially  
281 useful for BCI purposes as its presence depends on whether a user attends to external stimuli.

282 Based on principles similar to that of the oddball paradigm — where observers are asked to detect a  
283 relatively infrequent target stimulus among a sequence of more frequent non-targets (Squires et al., 1975) —  
284 P300-based BCIs use a display where different locations are occupied by different stimuli, each associated  
285 with a different command. If the stimuli flash in random order and the user only attends to one of them  
286 (target), then P300 ERPs are generated only after the flashing of target stimuli and no others. This makes it  
287 possible for the BCI to determine which stimulus is being attended to, i.e., which command the user intends  
288 to issue. One of the first applications of this type of BCI to communication was pioneered by Farwell and  
289 Donchin (1988), who developed a speller based on a matrix of letters flashing randomly at high speed. This  
290 inspired the development of a large number of other BCI spellers (see Rezeika et al. (2018) for a review).

291 Usually, the best P300 recognition accuracy is obtained by temporally spacing the stimuli in such a way  
292 that their ERPs minimally overlap. However, with the approaches mentioned above and state-of-the-art  
293 machine learning it is possible to build BCIs with high Information Transfer Rates<sup>1</sup> (ITRs) (Wolpaw et al.,  
294 2000) and very short inter-stimulus intervals (e.g., between 100 to 200 ms). Fast stimulus presentation is,  
295 therefore, routinely used in modern BCIs.

296 An advantage of P300-based BCIs is that they require minimum or no prior user training. A disadvantage  
297 is that, despite the P300 being the largest ERPs, single instances of P300s are still difficult to detect reliably.  
298 For this reason, in some P300-based BCIs users are required to issue the same command a number of  
299 times (e.g., 3 to 5) to achieve higher accuracy. This, of course, slows down the issuing of commands (and,  
300 correspondingly, the ITR of the BCI) and can limit the usability of the BCI.

### 301 3.1.2 Other Forms of EEG-based BCI for Communication

302 Other EEG-based BCIs for communication are based on different types of neural activity. Amongst those  
303 more frequently used are Slow Cortical Potentials (SCPs), Mu Event-Related Desynchronisation (ERD),  
304 mental imagery, and Steady-State Visually Evoked Potentials (SSVEPs) — which instead depends on  
305 external stimuli. SCPs, ERD and mental-imagery BCIs are fundamentally based on biofeedback principles  
306 (see for example (Birbaumer et al., 1981)) and are not dependent on external stimuli, in the way in which  
307 ERPs-based and SSVEP BCIs are. For this reason, they are typically classed as *self-paced* BCIs.

308 SCPs consist of slow shifts in the EEG produced over large portions of the scalp. Through extensive  
309 training, individuals can learn to voluntarily produce positive or negative SCPs in the EEG. This can be  
310 achieved with emotional or mental imagery, which may generate some weak SCPs, but later the generation

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<sup>1</sup> ITR measures how many bits of information are transferred across a communication channel per unit of time.



311 of SCPs becomes automatic. A BCI can then recognise the positive SCPs from the negative ones and  
312 from the no-SCP state, and then convert them into commands for an external device, for example a  
313 speller (Birbaumer et al., 1999; Kübler et al., 1999; Kotchoubey et al., 1997; Birbaumer, 2006; Kübler  
314 et al., 2001). Given the time and effort required to operate these BCIs and their relatively poor performance,  
315 SCP-based BCIs are often used only with locked-in patients.

316 ERD-based BCIs exploit the Mu (or sensorimotor) rhythm, which presents itself as oscillations in the  
317 frequency range 8–12 Hz and is associated to movement planning and execution. The rhythm attenuates  
318 with movement (or imaginary movement) of specific parts of the body, due to the corresponding area of the  
319 brain becoming more active (and the corresponding desynchronisation of neuronal activity). Movements of  
320 the right part of the body desynchronise Mu activity in the left hemisphere of the brain, and *vice versa*.  
321 Left and right ERDs can, therefore, be recognised and interpreted as two distinct commands by a BCI,  
322 which can be used to control a spelling device (Pfurtscheller and Neuper, 1997, 2006; Scherer et al., 2004).  
323 Initially, mu activity is voluntarily modulated by movement-related imagery (e.g., imagining hand or foot  
324 movements). However, through training and real-time feedback about the intensity of their own mu activity,  
325 users can learn to directly produce mu rhythms of varying intensities and locations without the need to use  
326 any specific mental task. Evidence suggests that only a relatively small portion of participants can achieve  
327 high levels of performance, with some being completely unable to control mu rhythms.

328 SSVEPs are involuntarily generated in the brain when the retina is excited by a visual flashing stimulus of  
329 a particular frequency (typically in the range of 4–40 Hz). This oscillatory activity can easily be recognised  
330 by the BCI via a simple frequency analysis. Typically, SSVEP-based BCIs use a display containing multiple  
331 stimuli (each representing a different command) flashing at different frequencies (Amiri et al., 2013). If  
332 users can control their gaze, then they can simply direct it to individual flashing stimuli, thereby producing  
333 SSVEPs of distinct frequencies. This allows the BCI to recognise the command a user intends to issue and  
334 can, therefore, be used for communication (Yin et al., 2015; Cecotti, 2010; Hwang et al., 2012). Research  
335 has shown that it is not always necessary to have gaze control: in some SSVEP-based BCIs it is sufficient  
336 to shift one's attention to one of the flashing stimuli (Allison et al., 2012b; Lopez-Gordo et al., 2010; Amiri  
337 et al., 2013).

### 338 3.1.3 Invasive BCIs for Communication

339 Invasive recording technologies have been used in some forms of augmentation technologies which,  
340 unsurprisingly, thanks to the better-quality brain signals recorded, have better performance/ITR than  
341 corresponding non-invasive ones (Tehovnik et al., 2013; Baranauskas, 2014). Of course, due to potential  
342 medical and ethical problems associated with electrode implantation, most of the research on invasive BCIs  
343 has been carried out with monkeys (Carmena et al., 2003; Fitzsimmons et al., 2009; Borton et al., 2013;  
344 Taylor et al., 2002) or rats (Chapin et al., 1999), and only less frequently humans. In this section we will  
345 only focus on work for human communication augmentation.

346 Versions of the matrix speller discussed in Section 3.1.1 based on ECoG (see Section 2.1.2) have been  
347 developed (Leuthardt et al., 2006; Brunner et al., 2011; Krusienski and Shih, 2011; Zhang et al., 2013).  
348 These have shown promising results (particularly (Brunner et al., 2011), which achieved a peak ITR of  
349 over 100 bits/min). However, only patients who need to have ECoG implanted for medical reasons could  
350 benefit from this technology.

351 Other invasive BCIs for spelling are based on the selection of letters from an on-screen virtual keyboard  
352 using 2-D pointer control. For instance, in Kennedy et al. (2000, 2004) a cortically-implanted glass  
353 microelectrode filled with a neurotrophic growth factor was used to record local field potentials in

354 amyotrophic lateral sclerosis patients, while in Bacher et al. (2015) a 96 micro-electrode array was  
355 implanted in a tetraplegic patient who was able to input up to 10 correct characters per minute.

356 BCIs based on implanted electrodes have also been used to provide speech, rather than written text,  
357 capabilities to the paralysed. In this context, the BCI is used to *predict intended speech information*  
358 directly from the activity of neurons. Such information is then used to directly control a speech  
359 synthesizer (Brumberg et al., 2010, 2009; Guenther et al., 2009). Users have nearly instantaneous feedback,  
360 which makes it possible for them to improve their speech synthesis over time. However, in those studies  
361 only a limited range of speech acts was possible. In tests with one patient, vowel production was achieved  
362 “with reasonably high accuracy, attaining 70% correct production on average after approximately 15–20  
363 practice attempts per session” (Brumberg et al., 2010). Fortunately, more recent work (Herff et al., 2015)  
364 has significantly improved the performance of such systems by combining BCIs and speech-recognition  
365 technology. This hybrid approach achieved, in the best conditions, word error rates as low as 25% for a  
366 dictionary of 10 words.

#### 367 3.1.4 Brain-to-Brain Communication

368 Recently, researchers have started exploring the possibility of *brain-to-brain communication*, i.e.,  
369 physically and directly connecting brains for the purpose of allowing direct exchanges of information.  
370 This was first theoretically proposed by Nicolelis (2011) and was successfully tested in Pais-Vieira et al.  
371 (2013, 2015) in rats, where an encoder rat was trained to perform a task that was then “communicated” to a  
372 decoder rat. More specifically, the synaptic activity in the motor cortex of the encoder rat was invasively  
373 recorded while performing one of two different tasks, and transmitted to the decoder rat with invasive  
374 intracortical micro stimulation. This allowed the decoder rat to learn to perform the same task. In a similar  
375 manner, memory or acquired knowledge was transmitted via brain-to-brain communication by Deadwyler  
376 et al. (2013), where hippocampal activity of donor rats associated with short-term memory tasks was  
377 transmitted to the brains of naive receiver rats improving their task performance.

378 The first *non-invasive* system for brain-to-brain communication was proposed by Yoo et al. (2013),  
379 who used an SSVEP-based BCI to recognise when a *human* participant wanted to stimulate a rat’s tail  
380 movement, and delivered the command to the rat’s brain via a transcranial ultrasound burst (FUS, see  
381 Section 2.2.1), which stimulated the motor cortex of the rat, triggering a tail movement. Non-invasive  
382 brain-to-brain communication has also been achieved with humans, for example, in Grau et al. (2014) where  
383 a motor-imagery-based BCI was used to produce binary-encoded words, which were then transmitted to a  
384 receiver in the form of phosphenes induced via TMS burst. In other recent studies (Jiang et al., 2018; Rao  
385 et al., 2014), brain-to-brain communication has been used to transmit information between individuals in a  
386 collaborative task, again by combining EEG and TMS. In Jiang et al. (2018), for example, groups of three  
387 individuals collaborated to accomplish a Tetris-like game. In that case, two senders transmitted information  
388 remotely about whether to rotate a block to a receiver who was conveyed the information via TMS on the  
389 occipital lobe. The receiver integrated the information and actuated his/her decision about whether to rotate  
390 or not the block via EEG. In Stocco et al. (2015) pairs of senders and receivers collaborated bi-directionally  
391 in a question-and-answer task.

392 Of course, all of the above mentioned studies present a number of limitations, including the fact  
393 that the communication is restricted to very limited type of information, and that the ITR is very low  
394 (for a discussion of some of the limits see for example (Stocco et al., 2015)). However, as for other  
395 neurotechnologies for cognitive augmentation, the achievements so far in brain-to-brain communication

396 represent an important proof-of-concept, and its development might potentially lead to future systems that  
397 outperform or complement natural ways of communication (such as talking).

## 398 **3.2 Cognitive Enhancement**

399 This section presents work that has been carried out in recent years to develop neurotechnologies that can  
400 enhance cognitive abilities, with a focus on BCI applications for individual (Section 3.2.1) and collaborative  
401 (Section 3.2.2) decision making, and cognitive enhancement based on brain stimulation (Section 3.2.3).

### 402 **3.2.1 Individual Decision Making**

403 Decision-making has been intensively studied in social and cognitive sciences to understand the processes,  
404 dynamics, biases and strategies that lead to optimal decisions (Edwards, 1954; Janis and Mann, 1977;  
405 Plous, 1993; Sniezek, 1992; Cannon-Bowers and Salas, 1998), both when made by an individual or a group.  
406 A decision is affected by, and is the result of, a number of processes and mechanisms that include – but are  
407 not limited to – early perceptual processes, attention and working memory processing, all of which are  
408 critical to an optimal decision.

409 Advances in neuroscience have provided a deeper understanding of neural processes related to decision-  
410 making. For example, the amplitude of the N1 – a large negative ERP occurring between 80 and 120 ms after  
411 the onset of an unpredictable stimulus in the absence of task demands – decreases as the attentional level  
412 decreases (Luck et al., 2000; Hillyard and Anllo-Vento, 1998; Parasuraman and Beatty, 1980; Parasuraman  
413 et al., 1982), while its timing is sensitive to the difficulty of the task. The difficulty of a task also affects  
414 amplitude and timing of the P300 (Hagen et al., 2006; Luck, 2014). These ERPs are typically associated  
415 with early perceptual and cognitive processing of events, and can reveal fatigue in perceptual decision-  
416 making. For instance, this is signalled by a reduction of the amplitude and an increase of the latency of the  
417 P300 (Uetake and Murata, 2000; Murata et al., 2005).

418 Other, later ERPs are instead associated with decision processes preceding, for example, the overt  
419 response of a decision maker. For instance, the *contingent negative variation* — a slow negative wave  
420 related to the preparation for a motor response and stimulus anticipation — is smaller before incorrect  
421 responses than before correct ones in a task where information necessary to identify a target letter is  
422 conveyed to participants only a few hundred milliseconds before two potential targets are presented (Padilla  
423 et al., 2006). This ERP can be used as a basis for detecting decision-making cheats/lies (Fang et al., 2003)  
424 or to decide whether a driver wants to accelerate or pull the brake (Khaliliardali et al., 2012).

425 The *error related negativity* — an ERP occurring 50-80 ms after an incorrect response — can also  
426 provide information about levels of confidence of decision-making as it is affected by confidence in  
427 own performance (Selimbeyoglu et al., 2012). This happens even when participants are unaware of the  
428 error (Nieuwenhuis et al., 2001). Moreover, neural correlates of individual decisions can be detected  
429 hundreds of milliseconds before an explicit response is given – e.g., (Tzovara et al., 2012). Error related  
430 negativity can also be used to automatically improve the speed of communication in BCI spellers (Dal Seno  
431 et al., 2010; Spüler et al., 2012; Schmidt et al., 2012), or to identify decision errors in a forced-choice task  
432 under time pressure (Parra et al., 2003).

433 Recent advances in neuroscience have also shed light on how individuals approach decision-making,  
434 their strategies and their aptitude to risk-taking behaviour (Doya, 2008; Rushworth and Behrens, 2008).  
435 For example, there is evidence showing a large involvement of the prefrontal cortex in decision-making; in  
436 particular, its activation varies according to the level of risk taking (Tobler et al., 2009). However, to date  
437 this knowledge has not been exploited for human augmentation.

438 Thanks to this plethora of neuro-scientific knowledge related to information and decision processing, it  
439 would seem reasonable to attempt exploiting it to improve decision-making. However, the most practical  
440 non-invasive sources of information on brain activity are extremely noisy, which makes it very hard to  
441 reliably provide information on (or aid) individual decisions. Indeed, the aforementioned reports base their  
442 findings on *averaging* the signals resulting from many repetitions of each event. As shown in the next  
443 section, this limitation can be overcome if during the decision making process information is gathered from  
444 multiple brains.

### 445 3.2.2 Group Decision Making and Collaborative BCIs (cBCIs)

446 In the last few years, researchers have started evaluating the possibilities offered by ERP-based single-  
447 trial *collaborative* BCIs. These integrate perceptual experiences, intentions and decisions from multiple  
448 non-communicating users to achieve improved joint performance over single-user BCIs and non-BCI  
449 systems.

450 Various methods can be used to integrate EEG data from multiple participants (Wang and Jung, 2011;  
451 Stoica, 2012). Raw signals can be averaged across participants in order to build a sort of “group EEG”.  
452 The resulting signals can then be processed by a single BCI. Alternatively, one can first extract meaningful  
453 features from the EEG data of each participant and then concatenate them to build a feature vector for  
454 the group, which is then passed to a single classifier. Finally, users may have individual BCIs that predict  
455 their intentions, which a voting system integrates to compute the group’s decision. Various studies (Wang  
456 and Jung, 2011; Matran-Fernandez et al., 2013; Stoica et al., 2013; Jiang et al., 2015) suggest that this  
457 voting method is often optimal for collaborative EEG-based classification, especially when the scores  
458 of the single classifiers (instead of the predicted class) are used for the integration (Cecotti and Rivet,  
459 2014). Wang et al. (2011) proposed a first collaborative framework for BCIs where an ensemble classifier  
460 was used to integrate the outputs of single BCIs. They showed that collaborative BCIs could improve the  
461 classification rate in a visual target-detection task from 69% (individual performance) up to 99% for groups  
462 of 20 participants. Later, they showed that cBCIs could also predict movement directions better and faster  
463 than single-user BCIs (Wang and Jung, 2011), but never better than a single non-BCI user. In Yuan et al.  
464 (2012), a proof-of-concept cBCI for detecting the onset of visual stimuli presented on a black background  
465 was proposed. The stimuli produced visually evoked potentials that the cBCI could detect more accurately  
466 than a single-user BCI. Decisions were faster, but accuracy was substantially lower, than for non-BCI users.

467 Eckstein et al. (2012) investigated voting methods for integrating single BCI outputs to improve  
468 performance in a decision task where observers had to discriminate between faces and cars. They found  
469 that cBCIs not only improve accuracy, but can also make the decisions faster than the average human.  
470 However, at least seven individuals were required to achieve the behavioural performance of the average  
471 single observer. Yuan et al. (2013) used approximately the same experiment with a cBCI which detected  
472 target stimuli more accurately than a single-user BCI and responded faster than non-BCI users, but with  
473 substantially lower accuracy. Cecotti and Rivet (2014) found that combining data from multiple participants  
474 provides more advantages in terms of accuracy than combining data from the same participant over time.  
475 Moreover, they showed that with the collaborative approach every group member makes a contribution to  
476 the overall performance of the group.

477 A different approach has been used by Poli et al. (2014), who developed a hybrid cBCI that integrates  
478 behavioural and neural data to achieve group decisions that are better than both the average single observer  
479 and traditional non-BCI groups. Instead of predicting the user’s response, this cBCI used neural signals and  
480 response times to estimate the decision confidence group members and weigh their behavioural responses

481 accordingly to build the group decision. This paradigm was tested with various tasks, including visual  
482 matching (Poli et al., 2014), visual search with simple shapes (Valeriani et al., 2015b, 2017c), visual search  
483 with realistic stimuli (Valeriani et al., 2015a, 2017b), face recognition (Valeriani et al., 2017a), and threat  
484 detection with video stimuli (Valeriani et al., 2018). In all cases, it was found that the cBCI reduced error  
485 rates by up to a third with groups of only two users when compared with traditional equally-sized non-BCI  
486 groups using the standard majority, indicating that hybrid cBCIs for decision-making are promising.

487 cBCIs have also been applied in other contexts partly related to decision-making, including face  
488 recognition (Jiang et al., 2015; Valeriani et al., 2017b), target detection (Matran-Fernandez et al., 2013;  
489 Stoica et al., 2013) and localisation (Matran-Fernandez and Poli, 2014, 2017b). For instance, Matran-  
490 Fernandez et al. (2013) used the presence of P300s to detect aeroplanes in rapidly presented aerial pictures.  
491 The N2pc, an ERP that appears approximately 250 ms after stimulus presentation on the opposite side of  
492 the scalp with respect to the visual hemisphere where an object of interest is located, has been used for BCIs  
493 for determining the location (rather than the presence) of targets in aerial pictures (Matran-Fernandez and  
494 Poli, 2017a).

495 Collaborative BCIs have also been used to control robots (Li and Nam, 2015; Katyal et al., 2014;  
496 Iturrate et al., 2013), video games (Nijholt and Gürkök, 2013; Nijholt, 2015), cursors and simulated  
497 space crafts (Poli et al., 2013), spellers (<https://www.youtube.com/watch?v=A3Snmh1OTtQ>)  
498 as well as to analyse the neural signals of people watching movies and identify a relationship between the  
499 length of a shot and the amplitude of a large-scale ERPs called post-cut negativity (Matran-Fernandez and  
500 Poli, 2015). For a review on collaborative BCIs see (Valeriani and Matran-Fernandez, 2018).

### 501 3.2.3 Brain Stimulation for Cognitive Enhancement

502 Neuro-stimulation techniques, such as tES and TMS, can be used to improve performance in different  
503 cognitive domains, including perception, learning and memory, attention and decision making (some of  
504 which will be reviewed in Sections 3.3 and 3.4; for a review, see (Coffman et al., 2014)).

505 Several studies have shown how the ability to detect (e.g., via visual search) or track specific targets can  
506 be improved. For example, performance in visual search was improved in a tDCS study (Nelson et al.,  
507 2015), where observers were presented with a display containing simple, coloured shapes and had to decide  
508 whether a target was present or not. Results showed that anodal stimulation slightly improved performance.  
509 Similar results were obtained in a more realistic, complex threat-detection task with tES (Clark et al., 2012).  
510 In that study, observers were presented with a short video clip recorded from a virtual reality environment  
511 and had to decide whether a possible threat was present or not. In the two experiments conducted in  
512 the study, the use of tES significantly and consistently improved performance. Multiple object tracking  
513 is another task often associated with (and preceding) complex decision-making in many situations and  
514 where tES can augment human abilities. In Blumberg et al. (2015), participants were asked to focus  
515 their attention on two (low-load) or four (high-load) particular circles (targets) out of the eight displayed.  
516 The circles were then moved around for 8 seconds and then participants were asked to manually select  
517 which circles were the target. This required users to track multiple moving objects. Results indicated that  
518 tES significantly improved performance of participants in the high-load condition, but only marginally  
519 improved performance in the low-load condition.

520 Risk-taking behaviour can also be affected by tES. In particular, Sela et al. (2012) have shown that  
521 left stimulation of the dorsolateral pre-frontal cortex (DLPFC) - an area that is known to be involved the  
522 process of evaluating risks and benefits - resulted in participants exhibiting a much riskier decision-making  
523 behaviour than participants receiving right hemisphere or sham stimulation. Another study, however, has



524 shown that concurrent anodal tDCS of the right DLPFC and cathodal tDCS of the left DLPFC can diminish  
525 risk-taking behaviour (Fecteau et al., 2007).

526 tDCS has also been used to treat reading disabilities like dyslexia, showing promising results in both  
527 adults (Heth and Lavidor, 2015) and children (Costanzo et al., 2016). However, the improvement in reading  
528 brought by tDCS seems only to apply to certain tasks, such as sight word efficiency (Younger et al., 2016).

529 Finally, brain stimulation could also be used to optimize cortical oscillations (e.g., alpha and theta), which  
530 in turn may indirectly lead to enhancements in several tasks (e.g., stimulus binding) (Horschig et al., 2014).

### 531 3.3 Memory Enhancement

532 The use of non-invasive stimulation with TMS and tES has been shown to improve memory and learning  
533 in a large number of studies (for reviews/meta-analyses, see (Brunoni and Vanderhasselt, 2014; Madan,  
534 2014)). For example, tDCS stimulation has been observed to improve: implicit learning of sequential motor  
535 sequences (Nitsche et al., 2003; Reis et al., 2009), complex forms of motor learning (Hunter et al., 2009),  
536 implicit probabilistic learning (Kincses et al., 2004), explicit memory for lists of words (Hammer et al.,  
537 2011) and spatial memory (Foroughi et al., 2015; Flöel et al., 2012) and working memory (e.g., via the  
538 N-Back and Sternberg tasks) both in healthy individuals and individuals with memory deficits (Fregni et al.,  
539 2005; Brunoni and Vanderhasselt, 2014; Bennabi et al., 2014). In these studies, particularly effective seems  
540 to be the stimulation of the dorsolateral prefrontal cortex, which is known to be a critical locus for working  
541 memory functions (Levy and Goldman-Rakic, 2000).

542 In relation to the duration of the benefits of tES/TMS stimulation on short- and long-term memory, a  
543 number of studies suggest that these can persist for up to 4–6 weeks after stimulation (Lally et al., 2013;  
544 Ohn et al., 2008; Myczkowski et al., 2018). However, the evidence is mixed (Teo et al., 2011; Brunoni and  
545 Vanderhasselt, 2014).

546 Studies with invasive stimulation neurotechnologies have also shown promising results. Recent successes  
547 include the development of neuroprosthesis that can improve memory encoding and retention. These are  
548 based on a nonlinear systems approach that computes multiple-input/multiple-output (MIMO) associations,  
549 where inputs are spike trains from neurons in the hippocampus area CA3 generating output spike trains in  
550 the area CA1 (Berger et al., 2005) (see also (Berger et al., 2010, Figure 5), (Berger et al., 2011, Figure 2)  
551 and (Madan, 2014, Figure 1) for schematic representations of the MIMO model). The two areas are both  
552 crucial in the formation of memories, particularly for the “transition” of memory contents from short- to  
553 long-term memory. The neuroprostheses have demonstrated that real-time manipulation of the encoding  
554 process can restore and even enhance mnemonic processes in rodents (Berger et al., 2011) and non-human  
555 primates (Hampson et al., 2013). In particular, the pattern of activation predicted by the MIMO model  
556 from the activation of the neurons in CA3 is artificially applied via electrical stimulation to neurons in area  
557 CA1. The application of the model in rats’ hippocampus has allowed the transference of memories between  
558 animals (Deadwyler et al., 2013). More recently, the first successful implementation of the neuroprosthesis,  
559 based on the MIMO model, in human subjects has been demonstrated (Hampson et al., 2018). In the  
560 study, short- and long-term memories in a delayed match-to-sample task were improved by 37% and 35%,  
561 respectively.

562 DBS in the hippocampus and the entorhinal cortex has also been successful at improving memory (Hamani  
563 et al., 2008; Suthana et al., 2012; Suthana and Fried, 2014).

### 564 3.4 Attention Monitoring and Enhancement

565 An increasing number of studies and technologies are aimed at monitoring cognitive performance and  
566 capacity, for example working memory capacity or attention, in real time (Durantin et al., 2015). Even  
567 when such systems are not directly aimed at augmenting performance, monitoring the mental state of users  
568 makes it possible to enhance their performance by adapting the interface they interact with, with so called  
569 *adaptive interfaces*. For instance, Wilson and Russell (2007) described a neuroadaptive system where the  
570 users' task is to detect a target in an environment and where the mental workload is varied according to the  
571 feedback given by EEG and other physiological measures. So, many of the studies described below may  
572 enable indirect human cognitive augmentation.

573 There is a vast literature on methods for monitoring changes in the level of attention. In general, the  
574 literature makes a distinction between *vigilance* (i.e., the ability of maintaining sustained attention) and the  
575 ability to maintain attention in situations of *high workload*, which typically require high involvement of  
576 working memory, and the ability to shift, control or divide attention (Parasuraman, 1984). Thus, vigilance  
577 means a sustained efficient conscious “detection or discrimination of stimuli, including a simple cognitive  
578 or motor response but excluding ‘higher’ attentional or executive functions such as spatial orienting,  
579 resolving interference, dividing attention, or selecting between several overt responses” (Langner and  
580 Eickhoff, 2013).

581 Tasks used to monitor vigilant attention include simple reaction-time tasks, stimulus-discrimination tasks  
582 and target counting. In all these cases vigilance is gauged using reaction times. Apart from the type of  
583 task, the duration of sustained attention without breaks is a major determinant of performance (Davies and  
584 Parasuraman, 1982).

585 Overall, low-frequency EEG rhythms and ERP amplitudes increase as vigilance decreases (Pfurtscheller  
586 and Aranibar, 1977). Changes in patterns of EEG activity that accompany the awake-sleep transition can  
587 also reveal decreases in attention (see (Oken et al., 2006)). The most consistent of such measures are an  
588 increased theta activity and decreased beta activity (Belyavin and Wright, 1987; Parasuraman and Rizzo,  
589 2007). The amplitude of the P300 ERP is also known to be related to the mental workload and the level of  
590 attention devoted to a task. This has also been examined in complex flight and driving simulation tasks  
591 where it has been shown that the P300 can provide an assessment of workload (Fu and Parasuraman,  
592 2007). Other, earlier, ERPs can be modulated by attentional allocation. For example, it is known that  
593 the N1 amplitude is modulated by allocation of attention to both visual and auditory stimuli in high-load  
594 conditions (Hink et al., 1977; Parasuraman, 1978, 1985). The P1 ERP is also similarly modulated by visual  
595 attention.

596 Research on sustained attention/vigilance focuses on tasks that are cognitively undemanding, where the  
597 purpose is examining the cognitive and neural process underlying constant vigilance. These are different  
598 from the processes where the cognitive load is high, and attention has to be maintained in order to process  
599 all the information needed to perform correctly a given, often demanding, task. This ability is often  
600 investigated in tasks where there are high demands on working memory. For example, in Gevins and Smith  
601 (2007) participants were asked to perform a task consisting of viewing a continuous sequence of stimuli  
602 and having to indicate when the current stimulus matches the one from  $n$  steps earlier in the sequence while  
603 EEG was recorded. It was found that as the difficulty of the task ( $n$ ) increased, there was a corresponding  
604 increase in theta rhythm and a decrease in the alpha rhythm around the anterior-midline cortex.

605 Given that changes in attention correspond to specific, detectable patterns of EEG activity, over the  
606 years, scientists have tried to develop methods – and applications – to monitor sustained attention and

607 the ability to respond to high workload. For example, methods have been developed to detect drowsiness  
608 (see Gevins and Smith (2003)), based on the amplitude of different rhythms, in tasks similar to those  
609 one might face in real-world environments. Recent applications in real operational environments include  
610 monitoring the mental workload for air traffic controllers during realistic control tasks (Aricò et al., 2016)  
611 and the annotation of targets of interest in full-motion video in Army-relevant scenarios (McDermott et al.,  
612 2015).

613 Studies using transcranial Doppler echography and fNIRS also suggest that temporal variations in  
614 vigilance and changes in mental workload are accompanied by variations in the cerebral blood flow (e.g.,  
615 see (Hitchcock et al., 2003)). They also suggest a critical role of the right parietal lobe in the control  
616 of vigilance as also seen in the EEG studies discussed above. Changes in mental workload can also be  
617 monitored by measuring cerebral hemodynamic changes using fNIRS in real-world environments (Ayaz  
618 et al., 2013).

619 Some research has also been devoted to decoding the spatial orienting of attention (Astrand et al., 2014),  
620 with several recent studies showing that monitoring the location of attention – for example, left/right or  
621 up/down locations – in real time is possible, with the use of EEG (van Gerven and Jensen, 2009; Treder  
622 et al., 2011), NIRS (Morioka et al., 2014) and fMRI (Andersson et al., 2011, 2012).

623 Reliable monitoring of attention and vigilance allows to identify when it is time to reduce tasks related  
624 demands on users, by slowing down the task, removing distractions, or simply asking users to take a  
625 break, all of which would lead to an overall cognitive performance advantage over the cases where all  
626 is fixed. Of course, brain-stimulation technologies can also be helpful, as they have experimentally been  
627 proven to enhance attention. For instance, a repetitive form of TMS was shown to enhance visual spatial  
628 attention on the opposite side of stimulation (Hilgetag et al., 2001). Also, there is a significant literature  
629 on enhancing different aspects of attention using tDCS (see (Coffman et al., 2014) for a recent review).  
630 For example, Nelson et al. (2014) performed tDCS on users engaged in a simulated air traffic control task,  
631 and found that, while performance in the sham condition deteriorated, as expected, with time, in the active  
632 tDCS condition there was an overall improvement in terms of target detection. Other studies have found  
633 effect of tDCS in the orienting of attention (Stone and Tesche, 2009), while Gladwin et al. (2012) found  
634 beneficial effects of tDCS on selective attention when users were performing a Sternberg task.

635 The possibility of enhancing visual attention through the use of BCIs as a mechanism of neurofeedback  
636 has also been explored (Lim et al., 2010; Ordikhani-Seyedlar et al., 2016; Strehl et al., 2017) although its  
637 efficacy has only been tested on patients with ADHD. Neurofeedback has also been shown to be effective  
638 at training tinnitus patients to control their attention to the auditory perceptual modality (thereby giving  
639 them the ability to suppress or reduce the effects of tinnitus) (Busse et al., 2008).

640 The possibility of building passive BCIs that monitor cognitive load in pilots in real flight conditions has  
641 also been recently demonstrated (Gateau et al., 2018).

### 642 **3.5 Situation Awareness**

643 *Situation awareness* refers to the perception, knowledge and understanding of the status of complex,  
644 dynamic scenarios at any particular point in time. Situation awareness is not about general cognizance, but  
645 about being aware of what is happening that is relevant for a specific task or goal at hand (Endsley, 1995).

646 Over several decades, a great deal of research has been conducted to understand all the different aspects  
647 of situation awareness, and many different models have been developed, e.g., see reviews in Lau et al.  
648 (2013) and Lundberg (2015). Situation awareness consists of three levels of ability (Endsley, 1995): Level

649 1, the perception of elements or cues in the environment; Level 2, the integration of what is perceived and  
650 the understanding of what that means in a particular context; and Level 3, understanding/predicting what  
651 may happen within a situation of future based on current knowledge. The study of situation awareness, for  
652 example, can be applied to military command and control and combat aircraft, air traffic control, emergency  
653 services and a variety of other domains where the information load and flow can be high and mistakes can  
654 have disastrous consequences.

655 From a point of view of cognitive processing, situation awareness includes a large number of factors, with  
656 perhaps the most critical ones being attention and working memory. Their relevance for situation awareness  
657 has been highlighted in a number of studies (for example, (Durso and Gronlund, 1999) and (Jones and  
658 Endsley, 1996)).

659 Recent studies have shown the possibility of using neurophysiological methods to assess the  
660 cognitive processes associated with situation awareness in experiments based on simulations of military  
661 situations (Berka et al., 2005, 2006). In Catherwood et al. (2014), Level-1 situation awareness was  
662 quantified from brain activity recorded with 128-channel EEG in two tasks: one requiring the identification  
663 of a target and another identification of threats in urban scenes. In both, the target was changed without  
664 warning, producing a loss of situation awareness. It was found that there is co-activity in visual regions and  
665 prefrontal, anterior cingulate and parietal regions linked to cognition under uncertainty in the 100-150ms  
666 following the loss of situation awareness. As illustrated in Yeo et al. (2017), situation awareness can also  
667 be monitored in air-traffic controllers in real-time and accurately with portable EEG equipment.

668 Compared to standard measures that solely rely on behavioural outcomes (i.e., task performance) and/or  
669 self- or observer-based assessments, neurophysiological methods open up the possibility of developing  
670 real-time attention and situation awareness monitors that could be used within a closed-loop/passive-BCI  
671 system. For example, Abbass et al. (2014) have recently developed a system to monitor situation awareness  
672 in air traffic controllers, where the theta and beta EEG rhythm ratio was used as a measure to assess the  
673 workload and the information system *adapted in real-time to make it easier for the controller to cope with*  
674 *the task*.

### 675 **3.6 Social Interactions and Hyperscanning**

676 *Hyperscanning* refers to a technique where the neural activity of two or more individuals, who are engaged  
677 and interacting in a common task, is simultaneously recorded (see (Babiloni and Astolfi, 2014) for a recent  
678 review). Currently hyperscanning is mostly used to identify correlations in the brain activity of interacting  
679 individuals. Typical tasks are from the field of game theory, where the consequences of a player's choice  
680 also depend on the (unknown) behaviour of other interacting players, as in the "Prisoner Dilemma" or the  
681 "Trust Game". Studies using hyperscanning have identified some of the neural correlates of the interaction  
682 in two brains, and have documented how these change as the players get to know each other and their  
683 interaction during the game evolves as do, for example, their mutual trust (King-Casas et al., 2005; Tomlin  
684 et al., 2006), their level of cooperation/competition and the chance of their defecting (Astolfi et al., 2010;  
685 Babiloni et al., 2007; Cui et al., 2012). In De Vico Fallani et al. (2010) hyperscanning on individuals playing  
686 an iterated version of the Prisoner's Dilemma made it possible to predict non-cooperative interactions with  
687 91% accuracy based on the neural activity recorded in the four seconds preceding their taking place.

688 At present hyperscanning is not used as yet for communication, cognitive enhancement or to enhance  
689 social interactions (such as those occurring in collaborative problems-solving and decision-making).  
690 However, in the near future this technique promises to deliver enhancements to such activities.

### 691 3.7 Individual Differences in Human Cognitive Augmentation and Participant Selection

692 Given individual differences in cognitive functions and job performance and their interrelation with  
693 personality traits (Barrick and Mount, 1991), personnel selection is often based on personality tests in  
694 many domains (Cook, 2008), including management, sales, clerks, policing, firefighting, vehicle operators,  
695 and so on. For example, in the military context, personnel selection has a long history (Rumsey, 2012) and  
696 over several decades, tests of all sorts and behavioural analyses have extensively been used to assess, for  
697 example, personality (e.g., (Stark et al., 2014)), how fast individuals learn, their psychomotor skills, their  
698 attitude to risk and their behaviour in the face of uncertainties. In domains where specific tests that can  
699 predict performance are not available, selection of personnel can still be done based on performance on the  
700 job, prior performance on closely related tasks or performance during training for a job.

701 It is clear that BCIs, brain stimulation and other neuroscience technologies for human augmentation  
702 provide *individual-dependent benefits*. For instance, in tES technologies, there is a marked variability  
703 in individual responses to the stimulation, some people being cognitively impaired by the stimulation,  
704 rather than cognitively augmented (e.g., see (Sparing et al., 2008; Wiethoff et al., 2014)). Also, not every  
705 user is able to control a BCI system to an acceptable level — a property called *BCI literacy* (Kübler and  
706 Muller-Putz, 2007). For instance, in SCP-based BCIs, even after weeks of training only about 70-75% of  
707 people can learn to achieve satisfactory performance. This proportion is higher in BCI based on ERPs (e.g.,  
708 P300) which typically can be used since the first sessions and where satisfactory control can be achieved  
709 by about 80% of users (Cipresso et al., 2012; Guger et al., 2009; Kübler and Muller-Putz, 2007). For  
710 ERP-based BCIs, BCI literacy mainly depends on individual differences in the brain activity produced  
711 in response to external stimuli (Polich, 1997) (some people, for example, will produce P300 ERPs not  
712 large enough to be reliably detected in EEG recordings). However, the successful use of SCP-based BCIs  
713 depends on more complex factors, including the ability of a user to learn to voluntarily control brain  
714 activity.

715 Recent advances in neuroscience (such as those in decision-making, mentioned in Section 3.2) have  
716 brought about also a new possibility: individual differences and specific abilities could be detected not only  
717 by measuring behavioural features, but also through the characterisation of brain activity. For example,  
718 prefrontal cortex activation during decision-making varies according to risk-taking propensity (Tobler  
719 et al., 2009). Also, there are indications that visual working memory capacity might be predicted by neural  
720 activity in, for example, the prefrontal and parietal cortex, and the basal ganglia (Luck and Vogel, 2013)  
721 (see also Section 3.3). This type of finding opens up the possibility of using neuro-screening in the future  
722 as an effective strategy for personnel selection.

723 Irrespectively of how benefits of augmentation technologies are assessed, it is clear that there is divide  
724 between those who can benefit from human cognitive augmentation technologies and those who cannot.  
725 Naturally, what matters is the performance before and after a technology for human augmentation is applied.  
726 So, for someone locked-in, a speller with an ITR of 20 bits/minute would provide a significant level of  
727 augmentation, while for an able-bodied person it would be intolerably slow compared with a keyboard.  
728 However, also within particular user-groups which may benefit on average, currently human cognitive  
729 augmentation is not for every one. Also, even when there is augmentation, the improvement may be too  
730 small to be worth the effort/cost/risk/time.

731 Beyond this level of selection, if the human cognitive augmentation is to be provided to allow individuals  
732 to perform specific, e.g., high-responsibility, jobs, then it is natural that some additional form of selection  
733 based on performance will be applied. Interestingly, the performance of interest is that *with* the augmentation



734 technology in action. Because the benefits it provides vary significantly from person to person, this may  
735 mean that a person who is best without the technology may not be the best when this is activated.

736 Finally, we should note that in addition to selection based on individual performance (with/without  
737 augmentation technologies), abilities, characteristics and physiological measures, user selection can also  
738 be based on the contribution to group's performance. For example, in a study of collaborative BCI applied  
739 to target detection in rapidly presented streams of aerial images, Matran-Fernandez and Poli (2014) found  
740 that performance of the collaborative BCI further improved when members of the group were selected  
741 based on the "similarity" in individual performance. In other words, the performance of a BCI-assisted  
742 group improved the most when the levels of accuracy in the task of its members were similar. This is also  
743 confirmed by other research in group decision-making showing how group performance can depend on  
744 group composition, particularly similarity or familiarity between members (Hinds et al., 2000).

### 745 **3.8 Personnel Training**

746 The idea of using neuroscience technologies for personnel training has recently attracted significant  
747 interest in the security and defence domains (Stanney et al., 2011; Miranda et al., 2014; Behneman  
748 et al., 2012). In particular, these technologies could potentially speedup and improve training — thereby  
749 augmenting the abilities of the trainee — by making it possible to meaningfully adapt the training to the  
750 users instead of using a more traditional one-size-fits-all approach.

751 Brain-activity recording technologies can be used to improve training. For instance, (Miranda et al., 2014)  
752 used EEG-based and other physiological correlates of task learning to improve an individual's learning  
753 rate. In the study, a closed-loop system was developed that provided continuous physiological monitoring  
754 and feedback (visual, auditory, or haptic) to the trainee in real-time, accelerating learning during sniper  
755 training and decision-making (Behneman et al., 2012). EEG can also be used to assess and maximise the  
756 outcome of cognitive training interventions, where learners repeatedly perform cognitive tasks to improve  
757 their cognitive abilities (Taya et al., 2015). One of the very few MEG-based BCIs in the area of training  
758 have been described by Mellinger et al. (2007), who show how MEG can help people learn to modulate  
759 their brain signals which, in turn, helps with BCI control.

760 Neurostimulation techniques, such as tES, can also be used to improve task learning in visual search  
761 and exploration (Bolognini et al., 2010). Another study (McKinley et al., 2013) applied tES to a visual  
762 search task and found that tES accelerates learning of threat detection skills and improves target acquisition  
763 accuracy. However, tES was not able to provide any benefit until users familiarised with the task, making  
764 the whole procedure slower than traditional training approaches.

### 765 **3.9 Complex Problem Solving**

766 Problem-solving is another mental ability that can be enhanced by neuroscience technologies. For instance,  
767 Cerruti and Schlaug (2009) showed that tDCS could improve performance in the Remote Associates Test,  
768 a verbal problem-solving task involving the presentation of three cue words that are linked by a fourth  
769 word, which a participant needs to correctly guess. An easy instance of this is "aid", "rubber" and "wagon"  
770 that are cues for "band", while a difficult version is "stick", "maker" and "point" that are cues for "match".  
771 In Chi and Snyder (2012) tDCS was shown to enable 40% of participants to solve a difficult puzzle requiring  
772 connecting nine dots organised in a 3 by 3 square grid with four straight lines, drawn without lifting pen  
773 from paper or retracing a line. In the absence of stimulation no participant could solve the problem. Another  
774 example of tDCS-based problem-solving augmentation was presented in Dockery et al. (2009), where  
775 the speed at which a planning task was performed was improved with no loss in term of accuracy. The

776 task used was the Tower of London test consisting in presenting two boards with pegs and several beads  
777 of different colours inserted in the pegs and asking a participant to plan the stacking/unstacking moves  
778 required to transform one board configuration into the other.

779 Naturally also TMS neurostimulation can achieve human performance improvements, although enhancing  
780 high-level cognition, including problem solving, is a currently still an objective (Nelson et al., 2015;  
781 Parasuraman and McKinley, 2014).

## 4 ETHICAL ISSUES

782 Advances in neuroscience and the development of neuroscience technologies have increasingly raised  
783 new and unique ethical issues (“neuroethics”), in addition to the more traditional aspects related to human  
784 participation in research studies. This topic is covered in great detail in a recent Royal Society report (Chan  
785 and Harris, 2012) and in even more recent dedicated literature (McCullagh et al., 2014; Clark, 2014; Hildt,  
786 2015). For these reasons, here we only mention the most important ethical problems associated with human  
787 cognitive augmentation and BCIs referring the reader to such publications for more information.

### 788 4.1 Mind Reading and Privacy

789 Some issues are related to the potential of neuroimaging techniques – such as EEG or fMRI – for detecting,  
790 mapping and interpreting neural activity of an individual in specific circumstances. Thus, such techniques  
791 may raise concerns in relation to free will, privacy, agency and liability, given their potential ability to  
792 “read” or otherwise “assess” someone’s thoughts, emotions, states or attitudes, potentially affecting people’s  
793 moral or social behaviour (Chan and Harris, 2012).

794 In fact, “mind reading” has been often mentioned as a potential risk of BCIs. Of course, at present there  
795 is nothing further from the truth: most BCIs can interpret user intentions and commands only if the user  
796 wants to make such intentions and commands “heard” to the BCI (e.g., via imaginary movements). This  
797 is not very different from what happens with verbal communication, where thoughts are translated into  
798 sequences of “instructions” for the larynx only if a person willingly activates speech motor control areas in  
799 the brain. However, mind reading is potentially a concern, particularly in relation to privacy violations,  
800 when mental activity is monitored, such as in neuroergonomics, passive BCIs or hyperscanning. Mind  
801 reading, as such, is not possible as yet, however, given how neurotechnologies are developing and given  
802 that the use of invasive neurotechnologies might become more common in the future, it might become  
803 an area where clear ethical regulation needs to be developed. This becomes even more problematic in  
804 the area of brain-to-brain communication, where the involuntary transfer of thought from one mind to  
805 another might become a possibility in the future (Trimper et al., 2014), as might the voluntary control from  
806 a decoder to a receiver. For example, the same brain patterns that are modulated by an individual using  
807 BCI techniques (as described in Sections 3.1.1 and 3.1.2) could be transferred to a receiver thus controlling  
808 what they communicate, their use of external devices or prosthetic devices.

### 809 4.2 Agency, Responsibility and Liability

810 Other authors (McCullagh et al., 2014) raised the issue of responsibility (for example, when a new BCI is  
811 unsuccessful, was it due to a technology failure or an uncooperative or otherwise unsuitable participant?).  
812 Because BCIs are not 100% accurate, there is also of course an issue of liability (if the BCI incorrectly  
813 issues a command which causes harm or financial loss, who should be legally responsible for this? The  
814 designer of the BCI or the user?).

815 The advent of brain-to-brain communication devices then amplifies issues associated with agency,  
816 responsibility and liability of actions (Hilddt, 2015; Trimper et al., 2014). For instance, when an encoder's  
817 brain and decoder's brain are connected and the decoder initiates a sequence of actions, who is responsible  
818 for them? With the number of possible messages sent to a decoder and their complexity potentially  
819 increasing, and possibly involving movement, memory, emotion, it will be more and more complex to  
820 understand agency, responsibility and liability.

821 An additional aspect that can be associated with the use of neuroscience technologies is the potential  
822 transfer of moods, memories or personality characteristics from an individual to another (McCullagh et al.,  
823 2014).

### 824 **4.3 Safety and Invasiveness of Brain Stimulation**

825 Other issues are related to the possibility of actually changing and affecting brain activity using a variety  
826 of brain stimulation techniques to enhance cognitive abilities (such as those discussed in previous sections).  
827 In ethically evaluating technologies based on neurostimulation, one needs to consider the uncertainty  
828 regarding safety, in particular with invasive methods (e.g., DBS) and ask whether they are safe or safer  
829 than other methods currently in use (e.g., non-invasive neurostimulation) (Clark, 2014). For example, when  
830 brain stimulation is used to enhance cognition, there is currently little understanding about how safe such  
831 stimulation is for use on a regular basis and for prolonged time intervals (Wurzman et al., 2016). In addition,  
832 and specifically related to tES and TMS (which are often used in cognitive enhancement), there is the issue  
833 of invasiveness. Normally both TMS and tES are considered non-invasive types of stimulation, in that they  
834 do not require surgery or direct stimulation of the cortical tissues, and we agree with this classification.  
835 However, others feel that tES and TMS are somehow in between between invasive and non-invasive (e.g.,  
836 see (Davis and van Koningsbruggen, 2013)).

### 837 **4.4 Society**

838 Another concern is related to the benefits of neuroscience technologies for the wider society: are the  
839 costs justified by the benefits? Even when these technologies do not present serious risks, it is often unclear  
840 whether their use brings benefits to society. Finally, another argument involves the potential risks imposed  
841 by an increasing dependence on neuroscience technologies, which might have unforeseen negative societal  
842 effects (Rees, 2003).

## **5 FUTURE PROSPECTS**

843 This section will look at future prospects for human cognitive augmentation based on neurotechnologies.

### 844 **5.1 A Roadmap for Human Augmentation Neurotechnologies**

845 Neuroscience for human augmentation is one of the most promising emerging technologies for the future.  
846 However, human augmentation is still widely underrepresented in existing roadmaps recently published in  
847 the literature (Future Brain/Neural Computer Interaction (BNCI) Consortium, 2012, 2015; Brunner et al.,  
848 2015; Wiseman, 2016). Therefore, we developed a roadmap representing the current state of the art and  
849 probable future developments of different neuroscience technologies and human augmentation applications.  
850 These predictions are based on three key factors: (a) how each technology/application has developed in the  
851 last two decades; (b) the number of publications or research studies using each technology for the different  
852 applications; (c) the predictions made in Future Brain/Neural Computer Interaction (BNCI) Consortium  
853 (2012, 2015); Brunner et al. (2015); Wiseman (2016).

854 The roadmap is shown in Figure 2, where the left grid shows the current state of the art, while the right  
855 grid shows our predictions as to the state of the art in 2040. In the figure, “Routine” (green) means that the  
856 technology is used in everyday life, meaning that most of the ethical and technological barriers relating to  
857 that technology have (or will have) been overcome. “Field” (yellow) indicates technologies tested in the  
858 field in preparation for being rolled out for general use, with certain issues (mainly ethical) still to be solved.  
859 “Lab” (red) designates applications in which the technology is currently under development/investigation.  
860 “Not Applicable (N/A)” (grey) indicates that the technology is not (or will not be) used for a particular  
861 application.

862 In the next three sections we will look in more detail to the future of neuroscience technologies for  
863 recording and stimulating brain activity, of human cognitive augmentation applications and of neuroethics.

### 864 5.1.1 Future of Neurotechnologies for Recording and Stimulating Brain Activity

865 The neuroscience technologies shown in the roadmap in Figure 2 are those presented in Section 2 plus  
866 wearable neuroscience technologies, since they appear to be a natural evolution of current technologies that  
867 will likely be available in the future.

868 If past trends are the best predictors of future ones, then both significant improvements to existing  
869 technologies and new technologies for recording and stimulating brain activity should be expected in the  
870 medium to long term. It is likely that the development of each technology will continue over the next  
871 two decades, considering the advantages provided by each (see Section 2). Non-invasive techniques will  
872 still remain central thanks to their continuous development and increased reliability. At present and in the  
873 context of potential applications, EEG and fNIRS possibly offer the best compromise, particularly thanks to  
874 their portability, low-cost, non-invasiveness and widespread adoption in current BCI and neuroergonomics  
875 studies. In the future, EEG is likely to become even more practical if dry electrode technology continues to  
876 develop at its current pace (Lopez-Gordo et al., 2014).

877 However, it is expected that over time invasive brain-activity observation techniques, such as ECoG or  
878 implanted electrodes, will become progressively more ethically and medically acceptable, particularly if  
879 the long term risks associated with their presence inside the body are proven minor. After all, many forms  
880 of body modification are already accepted both for medical (e.g., pace makers, laser vision-correction  
881 and cochlear implants) and aesthetic (e.g., face-lifts, body piercing or tattoos) reasons. If that is the case,  
882 invasive techniques will offer a more precise and effective way of observing brains in action, particularly if  
883 the recent trends in recording technology (Qiao et al., 2016; Pesaran et al., 2018) continue.

884 In relation to neurostimulation technologies, at present and in the context of potential applications,  
885 the best compromise is offered by tES, which is portable, generally cheap and non-invasive. For brief  
886 exposures, this technology appears to be low-risk, and the recent development of a higher-definition form  
887 of tES suggests that further improvements are forthcoming. Energy considerations make it difficult to  
888 imagine how TMS could ever become portable. In the future, it appears as if FUS may become superior to  
889 both technologies in terms of resolution and portability (portable ultrasound devices already exist on the  
890 market, suggesting the feasibility of making FUS portable), but it is unclear whether it will ever be possible  
891 to stimulate multiple sites and large areas of the brain at once. If invasive techniques, such as implanted  
892 electrodes, ever become acceptable, they will of course offer a more direct and precise way to modulate  
893 brain activity.

### 894 5.1.2 The Future of Human Augmentation

895 The roadmap in Figure 2 shows the trend of development of the main applications of neuroscience  
896 technologies reviewed in Section 3. In the forecast horizon of the roadmap (a period of over two decades),  
897 an acceleration of these developments is likely, particularly as ethical, medical and technological obstacles  
898 are progressively removed, paving the way to making invasive brain-activity observation technologies  
899 viable. In general, it can be expected that BCIs for communication and control will have improved  
900 sufficiently to become routinely used particularly in domains where higher than musculoskeletal reaction  
901 times are important or where covert communication is required. However, it is also clear that within this  
902 time frame many neuroscience technologies for augmenting human performance will continue to transition  
903 (having currently just started) outside the lab for field testing with some even in routine use. For instance,  
904 significant progress can be expected to be made in innovative applications in training and selection of  
905 personnel, decision-making, cognitive monitoring, and situation awareness, given their current initial  
906 successes.

907 Finally, it should be noted that all forms of enhancement based on neurostimulation look, at present,  
908 extremely promising, although they still present risks. For instance, facilitation of one function might  
909 be expected to be associated with loss of some other, often unknown function. Furthermore, research on  
910 the long term effects of such technologies is lacking. For these two reasons, the future of stimulation  
911 technologies is harder to predict as their currently formidable expansion would likely come to a sudden  
912 halt if future research reveals that they have severe permanent side effects.

### 913 5.1.3 Ethics

914 Fear of change and of the unknown is understandable. Fuelled by this, often the ethical debate appears  
915 to focus on what is conceivable, rather than on what is scientifically foreseeable (i.e., there being only  
916 technological limits to its attainment) and what is already reality. This may lead to illogical and unexpected  
917 outcomes. As it is difficult to predict the exact future trajectory of neuroscience, neuroergonomics, BCIs  
918 and human augmentation technologies, it is also difficult to predict how neuroethics, i.e., how society, will  
919 look at such technologies. It, therefore, critically important to track ethical implications, particularly in  
920 areas such as mind reading and privacy, agency, responsibility and liability. Given the recent trajectory of  
921 neuroscience, BCIs, neuroergonomics, brain-to-brain-communication and neural engineering, and their  
922 formidable expansion, such applications may one day become reality, and, so, they deserve to be ethically  
923 debated.

924 However, none of the ethical issues mentioned in Section 4 appear to be a show stopper for human  
925 enhancing neurotechnologies. Some issues can be tackled technologically. For instance, preventing  
926 (future) BCIs from inadvertently communicating private thoughts or emotions could easily be achieved  
927 by requiring users to issue a particular sequence of mental commands (akin to the password required to  
928 unlock the screen of a smartphone) to switch the BCI on and off (in fact this is already an element of the  
929 family of so called “self-paced” BCIs). For other issues, it is possible to simply apply ethical standards  
930 already accepted in similar situations (for example (Smidt, 2000)). One can expect that over time ethical  
931 thinking will progressively change as a result of society being exposed to neuroscience technologies for  
932 human augmentation resulting in further acceleration in their development and adoption. Nonetheless, as  
933 neurotechnologies evolve, the development and adaptation of clear ethical regulation is becoming more  
934 and more pressing.



## CONFLICT OF INTEREST STATEMENT

935 The authors declare that the research was conducted in the absence of any commercial or financial  
936 relationships that could be construed as a potential conflict of interest.

## AUTHOR CONTRIBUTIONS

937 The Author Contributions section is mandatory for all articles, including articles by sole authors. If an  
938 appropriate statement is not provided on submission, a standard one will be inserted during the production  
939 process. The Author Contributions statement must describe the contributions of individual authors referred  
940 to by their initials and, in doing so, all authors agree to be accountable for the content of the work. Please  
941 see here for full authorship criteria.

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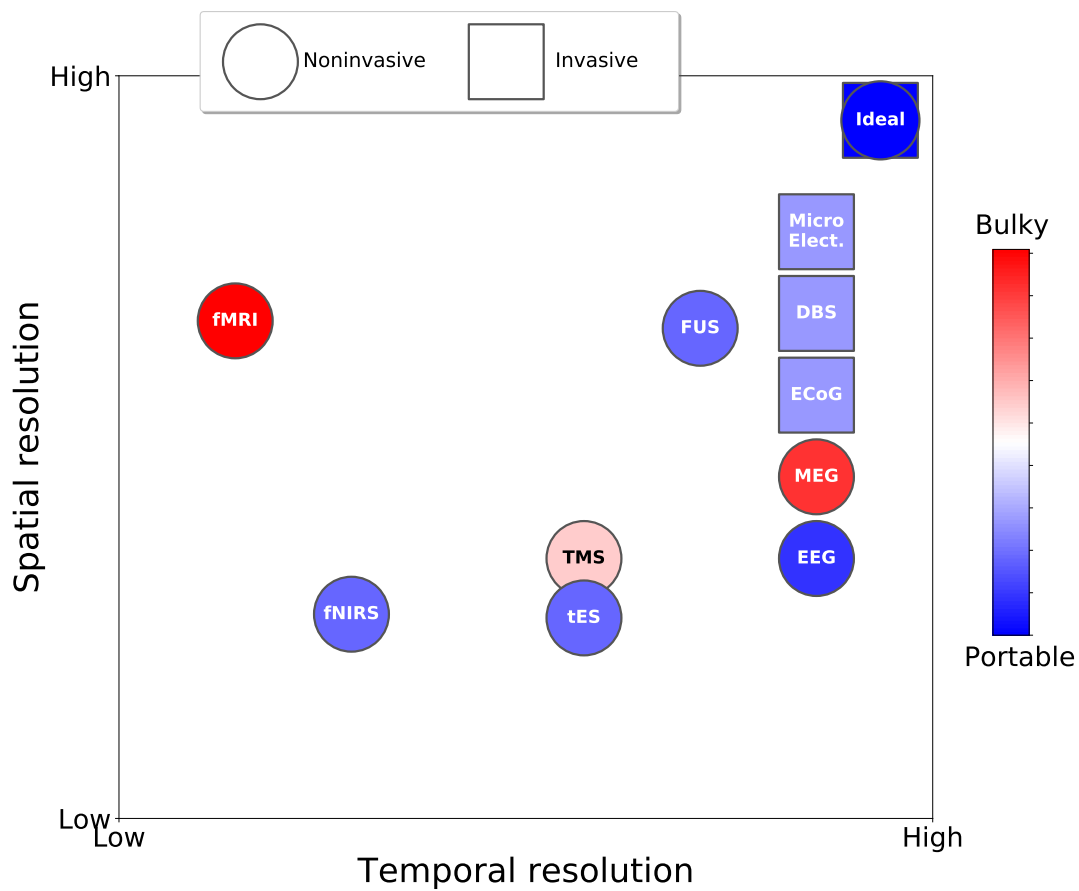
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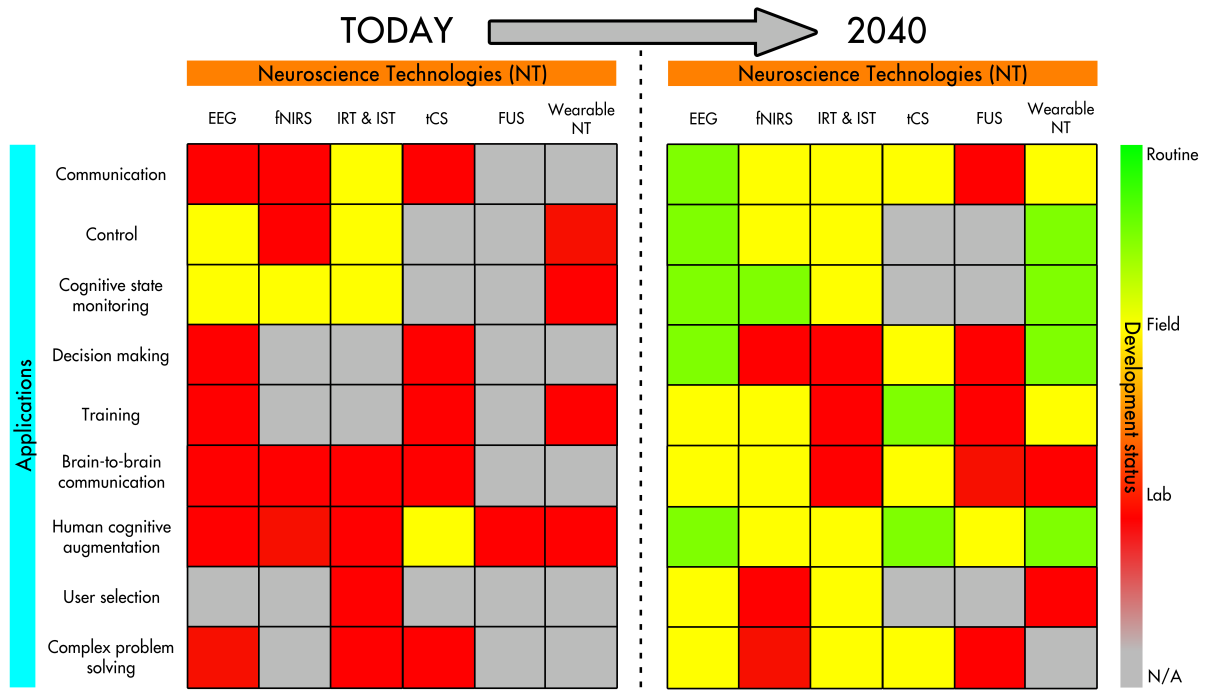
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## FIGURE CAPTIONS



**Figure 1.** Taxonomy of neuroscience technologies for observing and influencing brain activity based on temporal resolution, spatial resolution, invasiveness (circle vs square) and portability (colour).



**Figure 2.** Roadmap of the development of neuroscience technologies for different human augmentation applications. IRT=Invasive Recording Technology, IST=Invasive Stimulation Technology.

**Table 1.** Advantages and disadvantages of different neuroscience technologies for observing and influencing brain activity.

Technology	Invasive	Advantages	Disadvantages
EEG (recording technology)	No	<ul style="list-style-type: none"> <li>• Cheap</li> <li>• Portable</li> <li>• Very good temporal resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Limited spatial resolution</li> <li>• Only measures neural activity near the scalp</li> <li>• Low signal-to-noise ratio</li> </ul>
MEG (recording technology)	No	<ul style="list-style-type: none"> <li>• Good temporal resolution</li> <li>• No contact with the body</li> </ul>	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Bulky and not portable</li> <li>• Primarily sensitive to surface activity</li> <li>• Sensitive only to currents in certain directions</li> </ul>
fMRI (recording technology)	No	<ul style="list-style-type: none"> <li>• Good spatial resolution</li> <li>• No contact with the body</li> </ul>	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Bulky and not portable</li> <li>• Poor temporal resolution</li> </ul>
fNIRS (recording technology)	No	<ul style="list-style-type: none"> <li>• Cheap</li> <li>• Portable</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult calibration</li> <li>• Low spatial and temporal resolution</li> </ul>
ECoG (recording technology)	Yes	<ul style="list-style-type: none"> <li>• Good signal quality</li> <li>• Good temporal and spatial resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Neurosurgery required</li> <li>• It only measures neural activity near the surface of the brain</li> <li>• Expensive</li> </ul>
Implanted micro-electrodes (recording and stimulation technology)	Yes	<ul style="list-style-type: none"> <li>• Good signal quality</li> <li>• High temporal and spatial resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Neurosurgery required</li> <li>• Very limited regions of the brain covered</li> <li>• Risks associated to the surgery (e.g., infections)</li> </ul>
DBS (stimulation technology)	Yes	<ul style="list-style-type: none"> <li>• It allows the stimulation of deeper brain regions than most other techniques</li> <li>• High temporal and spatial resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Neuropsychiatric side effects (e.g., apathy)</li> <li>• Difficult to keep electrodes in place</li> <li>• Risks associated to the surgery (e.g., infections)</li> </ul>
tES (stimulation technology)	Yes	<ul style="list-style-type: none"> <li>• Cheap</li> <li>• Portable</li> <li>• Good spatial resolution for high-definition tES</li> </ul>	<ul style="list-style-type: none"> <li>• Low spatial resolution for normal tES</li> <li>• Unknown long-term effects</li> </ul>
TMS (stimulation technology)	Yes	<ul style="list-style-type: none"> <li>• Good spatial and temporal resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Bulky</li> <li>• Unknown long-term effects</li> </ul>
FUS (stimulation technology)	Yes	<ul style="list-style-type: none"> <li>• Good temporal and spatial resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficiently tested on humans</li> <li>• Applicable only to a small area of the brain</li> </ul>